

**IN THE UNITED STATES BANKRUPTCY COURT  
DISTRICT OF PUERTO RICO**

IN RE:

JOAN MALDONADO ORTA	*	CASE NO. 14-07820 ESL
HECTOR L SANCHEZ COLON	*	
<u>Debtor(s)</u>	*	CHAPTER 13

**NOTICE OF AMENDMENT OF PAYMENT PLAN**

**TO THE HONORABLE COURT:**

COME NOW debtors through their legal representation and very respectfully states as follows:

1. That debtors filed for relief under Chapter 13 of the Bankruptcy Code on September 26, 2014.
2. Debtors are amending Chapter 13 Plan to correct base and provide for secured claims.
3. Attached to this notice, debtor respectfully submit amended payment plan.

**RESPECTFULLY SUBMITTED.**

**I HEREBY CERTIFY:** on this same date, I have filed this motion electronically with the Clerk of the Court using CM/ECF systems, which will send notification of such to the Chapter 13 Trustee, and that we have sent copy of this document through regular mail to all non CM/ECF participants interested parties to their address of record.

In Juncos, Puerto Rico this 17<sup>th</sup> day of October of 2014.

**/s/ Adela L Torruella**  
**ADELA L. TORRUELLA**  
**ATTORNEYFOR**  
**DEBTOR**  
**USDC-PR-200203**  
**P O BOX 4040 Suite 305**  
**Juncos, PR 00777**  
**Tel: 787-713-1892**  
**Fax: 787-561-3601**

**United States Bankruptcy Court  
District of Puerto Rico**

**IN RE:**

Case No. \_\_\_\_\_

**MALDONADO ORTA, JOAN & SANCHEZ COLON, HECTOR L**Chapter **13**

Debtor(s)

**AMENDED CHAPTER 13 PAYMENT PLAN**

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee ☒ directly ☐ by payroll deductions as hereinafter provided in the PAYMENT PLAN SCHEDULE.
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.

<b>PLAN DATED:</b> _____ <input type="checkbox"/> PRE <input type="checkbox"/> POST-CONFIRMATION		<input checked="" type="checkbox"/> <b>AMENDED PLAN DATED: 10/17/2014</b> Filed by: <input checked="" type="checkbox"/> Debtor <input type="checkbox"/> Trustee <input type="checkbox"/> Other	
<b>I. PAYMENT PLAN SCHEDULE</b>  <div style="display: flex; justify-content: space-between;"> <span>\$ <b>915.00</b> x <b>12</b> = \$</span> <span><b>10,980.00</b></span> </div> <div style="display: flex; justify-content: space-between;"> <span>\$ <b>1,100.00</b> x <b>48</b> = \$</span> <span><b>52,800.00</b></span> </div> <div style="display: flex; justify-content: space-between;"> <span>\$ _____ x _____ = \$</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>\$ _____ x _____ = \$</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>\$ _____ x _____ = \$</span> <span>_____</span> </div> <div style="text-align: right; margin-top: 10px;"> <b>TOTAL: \$ <u>63,780.00</u></b> </div> <div style="margin-top: 10px;"> <b>Additional Payments:</b>          \$ _____ to be paid as a LUMP SUM          within _____ with proceeds to come from: _____   <input type="checkbox"/> Sale of Property identified as follows: _____   <input type="checkbox"/> Other: _____           Periodic Payments to be made other than, and in          addition to the above:          \$ _____ x _____ = \$ _____       </div> <div style="text-align: right; margin-top: 10px;"> <b>PROPOSED BASE: \$ <u>63,780.00</u></b> </div>	<b>II. DISBURSEMENT SCHEDULE</b>  <b>A. ADEQUATE PROTECTION PAYMENTS OR</b> _____ \$ _____ <b>B. SECURED CLAIMS:</b> <input type="checkbox"/> Debtor represents no secured claims. <input checked="" type="checkbox"/> Creditors having secured claims will retain their liens and shall be paid as follows: 1. <input checked="" type="checkbox"/> Trustee pays secured ARREARS: Cr. <b>SCOTIABANK</b> Cr. _____ Cr. _____ # <b>0014273522</b> # _____ # _____ \$ <b>660.00</b> \$ _____ \$ _____ 2. <input checked="" type="checkbox"/> Trustee pays IN FULL Secured Claims: Cr. <b>RELIABLE FINANCIAL</b> Cr. <b>RELIABLE FINANCIAL</b> Cr. _____ # <b>607-849738</b> # <b>D24-862841</b> # _____ \$ <b>34,638.90</b> \$ <b>16,832.00</b> \$ _____ 3. <input type="checkbox"/> Trustee pays VALUE OF COLLATERAL: Cr. _____ Cr. _____ Cr. _____ # _____ # _____ # _____ \$ _____ \$ _____ \$ _____ 4. <input type="checkbox"/> Debtor SURRENDERS COLLATERAL to Lien Holder:  5. <input type="checkbox"/> Other: _____ 6. <input checked="" type="checkbox"/> Debtor otherwise maintains regular payments directly to: <b>SCOTIABANK</b> <b>C. PRIORITIES:</b> The Trustee shall pay priorities in accordance with the law. 11 U.S.C. § 507 and § 1322(a)(2) <b>D. UNSECURED CLAIMS:</b> Plan <input type="checkbox"/> Classifies <input checked="" type="checkbox"/> Does not Classify Claims. 1. (a) Class A: <input type="checkbox"/> Co-debtor Claims / <input type="checkbox"/> Other: _____ <input type="checkbox"/> Paid 100% / <input type="checkbox"/> Other: _____ Cr. _____ Cr. _____ Cr. _____ # _____ # _____ # _____ \$ _____ \$ _____ \$ _____ 2. Unsecured Claims otherwise receive PRO-RATA disbursements.  <b>OTHER PROVISIONS:</b> (Executory contracts; payment of interest to unsecureds, etc.) <b>TRUSTEE WILL PAY ATTORNEYS FEES FIRST AFTER THE CONFIRMATION OF PLAN.</b>  <b>TRUSTEE WILL PAY RELIABLE FINANCIAL 300.00 AS ADEQUATE PROTECTION UNTIL THE CONFIRMATION OF PLAN.</b>  <b>DEBTORS WILL PROVIDE INSURANCE THROUGH EASTERN INSURANCE.</b>  <b>DEBTORS SURRENDER SHARES TO COOP A/C VALENCIANO AND COOP ORIENTAL.</b>  <b>DEBTOR WILL CONTINUE WITH DIRECT PAYMENTS TO DSO.</b>		
<b>III. ATTORNEY'S FEES</b> (Treated as § 507 Priorities)  Outstanding balance as per Rule 2016(b) Fee Disclosure Statement: \$ <b><u>2,810.00</u></b>			
Signed: <i>/s/ Joan Maldonado Orta</i> <b>/s/ JOAN MALDONADO ORTA</b> Debtor  <i>/s/ Hector L. Sanchez Colon</i> <b>/s/ HECTOR L SANCHEZ COLON</b> Joint Debtor			

Attorney for Debtor **Adela L. Torruella**Phone: **(787) 713-1892**

MALDONADO ORTA, JOAN  
PO BOX 1955  
JUNCOS, PR 00777

ISLAND FINANCE  
PO BOX 195369  
SAN JUAN, PR 00919-5369

SANCHEZ COLON, HECTOR L  
PO BOX 1955  
JUNCOS, PR 00777

JC PENNEY  
GECRB  
PO BOX 965060  
ORLANDO, FL 32896-5060

Adela L. Torruella  
PO BOX 4040 SUITE 305  
JUNCOS, PR 00777

NILSA E POMALES MARTINEZ  
URB MARIOLGA CALLE SAN FRANCISCO  
D19  
CAGUAS, PR 00725

ASUME  
PO BOX 71316  
SAN JUAN, PR 00936-8416

RELIABLE FINANCIAL  
PO BOX 21382  
SAN JUAN, PR 00928-1382

CLARO  
PO BOX 70366  
SAN JUAN, PR 00936

SAMS CLUB  
GECRB  
PO BOX 965060  
ORLANDO, FL 32896-5060

COOP A/C VALENCIANO  
APARTADO 1510  
JUNCOS, PR 00777

SCOTIABANK  
PO BOX 362230  
SAN JUAN, PR 00936

COOP ORIENTAL  
PO BOX 876  
HUMACAO, PR 00792-0876

TOYS R US  
CREDIT CARD/ GECRB  
PO BOX 530939  
ATLANTA, GA 30353-0939

DEPARTMENT OF TREASURY  
PO BOX 9024140  
SAN JUAN, PR 00902-4140

WALMART  
PO BOX 965060  
ORLANDO, FL 32896-5060

GE CAPITAL RETAIL BANK  
PO BOX 103104  
ROSWELL, GA 30076

GE MONEY  
1600 SUMMER STREET FIFTH FLOOR  
STAMFORD, CT 45420-1469